

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	1. DATE OF INCIDENT		TIME		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE		4. BEAT/OCCUR			
	26-DEC-2015		13:35:00		1032 W 103RD PL CHICAGO, IL 60643				303		2232			
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.					
	9161	BARANGO	CHARLES J	15937	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	600	200						
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?								
	29-JUL-2002		005 0563E	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.						
	SMITH	MICHAEL	N P	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK		508	150						
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED?/VERBAL THREAT (ASSAULT), HANDS/FRISTS	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?									
			<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	DNA	37. CB NO.	IR NO.	DNA							
720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-1-A, 8-4-010(E), 8-4-0					19241722									
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>				
	STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER _____		ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>				
	OTHER _____		OTHER _____				OTHER _____		OTHER _____					
	MEMBERS RESPONSE	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>			
		VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER _____				
		ESCORT HOLDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>					
		WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>									
		ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>									
		PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>									
CONTROL INSTRUMENT		<input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/>										
OC/CHEMICAL WEAPON WAUTHORIZATION		<input type="checkbox"/>	OTHER _____		OTHER PULLED HAIR TO GAIN CONTROL									
39. <input checked="" type="checkbox"/> DNA	40. ADDITIONAL INFORMATION													
POSITION	STAR NO.	UNIT												
41. WEAPON TYPE	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS							
45. MAKE/MANUFACTURER	46. MODEL		47. BARREL LENGTH	48. CALIBER/GAUGE										
49. TASER DART ID NO	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REC. NO	52. IL FIREARM OWNER ID. NO	53. HANDGUN CERTIFICATE NO.										
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED										
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 010 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 16 FT.													
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.													
SIGNATURES	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
73. REPORTING MEMBER (Print Name) BARANGO, CHARLES J 26-DEC-2015 18:12:20	STAR/EMPLOYEE NO. 15937	SIGNATURE												
74. REVIEWING SUPERVISOR (Print Name) LOVE, DAWN M	STAR NO. 1437	SIGNATURE	DATE REVIEWED 26-DEC-2015	TIME 19:47:08										

CPD-11-377 (REV. 3/08)

1538006241

HV550600

LOG# 1078622

Attachment 26

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt. attempted to interview the subject at 2015hrs. The subject was in Cell G-4 as R/Lt. approached the cell the subject appeared to be having a seizure. DSS Sgt. Pickett #1127 requested for EMS. CFD #60 arrived at 2020hrs and transported subject to Roseland Hospital. R/Lt. was not able to interview the subject due to his sudden illness.

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Subject was an active resister therefore the department members actions were in compliance with the department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GUTIERREZ, ADNARDO

SIGNATURE

DATE COMPLETED

TIME

26-DEC-2015 20:55:15

79. TOTAL TRRs THIS EVENT No.

3

Log# 1078622
Attachment 26